

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO

10594848

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
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TOTAL IND.	20					
TOTAL DEP.	93	↓	↓	↓	←	←
TOTAL CLAIMS	33	QR	QR	QR	QR	QR

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS		QR	QR	QR	QR	QR